

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailing label.

Leon Forniss  
Warden  
Staton Correctional Facility  
P. O. Box 56  
Elmore, AL 36025-0056

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

*Angela Thorrell*

Agent  
 Addressee

## B. Received by (Printed Name)

*Angela Thorrell 10/2/06*

Date of Delivery  
y address different from item 1?  Yes  
nter delivery address below:  No

*OCU 548  
PO + Camp*

3. Service Type	
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

## 2. Article Number

(Transfer from service label)

7005 1820 0002 3461 6517

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

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1  
Dr. Peasant  
Staton Correctional Fac.  
P.O. Box 56  
Elmore, AL 36025-0056

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

*Angela Thorrell*

Agent  
 Addressee

## B. Received by (Printed Name)

*Angela Thorrell 10/2/06*

ress different from item 1?  Yes  
delivery address below:  No

*OCU 548  
PO + Camp*

3. Service Type	
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<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
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(Transfer from service label)

7005 1820 0002 3461 6500

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102595-02-M-154